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MAR. 1 4 2006

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

in re patent application of:	)					
Johnson et al.	) Attorney Docket No: 1842-0018					
Application No.: 10/624,066	) Examiner: To be assigned					
Filed: July 21, 2003	) )					
Fitle: Tissue Distraction Device	) Group Art Unit: 3732					
	Certificate of Transmission  I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office Fax No. 521-273-8300					
	On March 14, 2006					
·	Michael D. Beck Name of person mailing Document or Ece					
·						
	Signature of person mailing Document or Fee					

## SIXTH SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Hon. Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Pursuant to 37 CFR §1.56, Applicants hereby disclose the following references.

<u>U.S. Patent No.</u> 4,863,476

Inventor Shepperd

Issue Date

September 5, 1989

14

Please Charge our Deposit Account \$180.00 for the fee due for the consideration of this Information Disclosure Statement since this Information Disclosure Statement is being filed after the receipt of a First Office Action. It is believed that no other fees are due; however, the Commissioner is hereby authorized to charge any deficiency or to credit any overpayment to Deposit Account No. 13-0014, but not to include any payment of issue fees.

March 14, 2006 Maginot, Moore & Beck, LLP Bank One Center Tower 111 Monument Circle, Suite 3000 Indianapolis, Indiana 46204-5115 (317) 638-2922 Respectfully Submitted,

Attorney for Applicants Registration No. 32,722

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Attorney for Applicants

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FORM PTO-1449 INFORMATION DISCLOSURE STATEMENT

		Page 1 of 1
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APPLICANT: Johnson et al.		
FILING DATE: July 21, 2003	GROUP ART UNIT: 3732	

			U	.S. PATI	ENT DOCUMENTS				
EXAMINER INITIAL		DOCUMENT NUMBER	DATE		NAME	CLASS	SUB- CLASS	FILING DATE	
	AA	4,863,476	September 5	, 1989	Shepperd				
	AB								
	AC								
	AD								
	AE								
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EXAMINER INITIAL	DOCUMENT NUMBER		DATE	DATE NAME		CLASS	SUB- CLASS	TRANSLATION	
	AL							Yes No	
	AM							Yes No	
	AN				-			Yes No	
	AO							Yes No	
	AP				, All (1) - All			Yes No	
			OTHER (Includin	g Autho	or, Title, Date, Pertinent Pag	ges, etc.)			
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	AR	1						***************************************	
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EXAMINER							DATE CONSIDERED		
EXAMINER:	Initial if r	reference considere	d, whether or not o	itation is	s in conformance with MPEP communication to Applicant.	609. Draw line the	rough citation	if not in	